934279

SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02)form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

PROCESSED

JAN 2 8 2003

THOMSON **FINANCIAL**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 AEOEW-

FORM D

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per response... 1

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY				
Prefix		Serial		
DATE RECEIVED				

Name of Offering ([] check if this is an amendment and name has changed, and indica	te change.)
Filing Under (Check box(es) that apply): [*] Rule 504 [] Rule 505 [] Rule 506 [] Sec	ction 4(6) [] ULOE
Type of Filing: [×] New Filing [] Amendment	
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	03005301
Name of Issuer ([] check if this is an amendment and name has changed, and indicia	te change.)
Sky Publishing Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code) (Including Area Code)	Telephone Number
49 Bay State Road, Cambridge, MA 02138 617-	-864-7360
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (Including Area Code) (if different from Executive Offices)	Telephone Number
-SAME-	
Brief Description of Business	

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and managing partner of partnership issuers. See attached rider [] Director [] General and/or Check Box(es) that [] Promoter [] Beneficial [] Executive Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that [] Promoter [] Beneficial [,] Executive [] Director [] General and/or Officer Managing Apply: Owner Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that [] Promoter [] Beneficial [] Executive [] Director [] General and/or Apply: Owner Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) [] Executive Check Box(es) that [] Promoter [] Beneficial [] Director [] General and/or Officer Apply: Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) [] Director [] General and/or Check Box(es) that [] Promoter [] Beneficial [] Executive

SKY PUBLISHING CORPORATION

FORM D

A.2 – BASIC IDENTIFICATION DATA

RIDER

- 1. Robinson, Leif J. Beneficial Owner 14 Willow Road, Wellesley, MA 02181
- 2. Fienberg, Richard Tresch Beneficial Owner & Director & Executive Officer 99 Stedman Street, Brookline, MA 02446
- 3. Brewer, Virginia K. Beneficial Owner 295 Washington Street, Belmont, MA 02478
- 4. MacRobert, Alan M. Beneficial Owner 260 Davis Street, Bedford, MA 01730
- 5. DiCicco, Dennis Beneficial Owner 60 Victoria Road, Sudbury, MA 01776
- 6. Sinnott, Roger W. Beneficial Owner 7 Colonial Terrace, Chelmsford, MA 01824
- 7. Beatty, J. Kelly –Director 19 Dunstan Road, Chelmsford, MA 01824
- Ittelson, Thomas Director
 33 Concord Avenue, Cambridge, MA 02138
- 9. Hardy, Jr., Peter D. Director 42 Eight Street, Charlestown, MA 02129
- 10. Kirchner, Robert E. Director119 Scotscraig, Williamsburg, VA 23188
- 11. Warren, Richard L. Director 262 Brookland Lane, Winchester, VA 22602
- 12. Lit, Susan B. Director & Executive Officer 25 Michelle Lane, Randolph, MA 02368

13. Smith, Timothy F. – Executive Officer 22 Forest Street, Ayer, MA 01432

Apply:		•	•		Owner		Offi	cer		Managing Partner			
Full Na	me (Las	st name	first, if i	ndividua	1)			in a indicate and the second secon	anning a diamental and a		Kalaran maren		aku unan manan da kahahankan anakahahan
Busine	ss or Re	sidence	e Addres	ss (Numb	ber and	Street, C	City, State	e, Zip Co	de)				
Check Apply:	Box(es)) that	[] Pro	moter [] Benefi Owner		[] Exe		[][irector [naging	
Full Na	me (Las	st name	first, if i	ndividua	l)						***************************************		
Busine	ss or Re	sidence	e Addres	ss (Numb	per and	Street, C	City, State	e, Zip Co	de)				
••••••••••••••••••••••••••••••••••••••	(1	Use bla	nk shee	et, or co	py and :	use add	itional c	opies of	this she	et, as n	ecess	ary.)	,
				В	. INFOR	MATIO	N ABOU	T OFFEF	RING				
	the issug?	ıer sold							d investo			Yes [x]	No []
2 Wha	at is the	minimu						-	der ULO dual?			\$ <u>870</u>	ົ
						•		·				Yes	No
4. Enter directly connect person the na	er the inf y or indir ction wit n or ager me of th	formation ectly, and sales not of a booke	on reque ny comr of secur proker or er or dea	sted for nission o rities in the dealer r ler. If mo	each pe or similar he offering egistere ore than	rson whe remune ng. If a p d with th five (5) p	o has be eration fo person to ne SEC a persons t	en or will r solicita be listed nd/or wit o be liste	be paid tion of pu d is an as h a state ed are as that bro	or given, rchasers sociated or states sociated	s in s, list	[×]	l J
Full Na			first, if in	ndividua	l)								
Busine		sidence	e Addres	ss (Numb	per and	Street, C	City, State	e, Zip Co	de)				о изветно обязна учени од обоби од него изветова об
Name	of Assoc	iated B	roker or	Dealer	andululur ee adaun mur	wanermannungera					***************************************		economistratura de la compania de l
							to Solici) [DE] [MD] [NC] [VA]	[DC] [MA] [ND]	FL] [MI] [OH] [WV]	[[GA] [MN] [OK] [WI]] All [HI] [MS [OR [WY] [f	es D] MO] PA] PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Aiready Sold
Debt	\$0	\$ <u> </u>
Equity	\$ 68,150	\$ 68,150
[] Common [] Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$0	\$O
Other (Specify).	\$ <u> </u>	\$ <u> </u>
Total	\$ 68,150	\$ 68,150

Aggregate

Answer, also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Dollar Amount of Purchases
Accredited Investors	N/A	\$ N/A
Non-accredited Investors	N/A	\$N/A
Total (for filings under Rule 504 only)	8	\$ —68,150

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Oollar Amount Sold 0 0 0 0 0		
Rule 505	N/A	\$	0	
Regulation A	N/A	\$	0	
Rule 504	0	- \$	0	
Total	0	\$	0	_

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$	0
Printing and Engraving Costs	[]\$	0
Legal Fees	[X]\$	750
Accounting Fees	[]\$	0
Engineering Fees	[]\$	0
Sales Commissions (specify finders' fees separately)	[]\$	0
Other Expenses (identify)	[]\$	0
Total	[×]\$	750

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 67,400

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

*		Payments to Officers, Directors, & Affiliates	Payments
Salaries and fees		[] \$o	[] \$
Purchase of real estate		[]	[] \$ 0
Purchase, rental or leasing and installation of mach and equipment		[] \$ <u> </u>	[]
Construction or leasing of plant buildings and faciliti	ies	[] \$ 0	[] \$ 0
Acquisition of other businesses (including the value securities involved in this offering that may be used exchange for the assets or securities of another iss pursuant to a merger)	d in suer	[]	[]
Repayment of indebtedness		[]	[] \$ 0
Working capital		[] \$	₩ \$ 67,400
Other (specify):		[] \$o	[] \$ <u> </u>
		[] \$	[] _\$
Column Totals		[] \$ 0	[/] \$ 67,400
Total Payments Listed (column totals added)		[x] \$ 67	· ·
D. FEDERAL	. SIGNATURE		
The issuer has duly caused this notice to be signed by the filed under Rule 505, the following signature constitutes a Securities and Exchange Commission, upon written requany non-accredited investor pursuant to paragraph (b)(2)	an undertaking by the issuest of its staff, the inform	uer to furnish	to the U.S.
Issuer (Print or Type)	Signature	Date	
Sky Publishing Corporation	Sum B. Lit		16/03
Name of Signer (Print or Type)	Title of Signer (Print or Ty	rpe)	
Susan B. Lit	President		
ATTE	NTION		
Intentional misstatements or omissions of fac U.S.C.	et constitute federal crin . 1001.)	ninal violatio	ns. (See 18

E. STATE SIGNATURE